

Exhibit C

AFFIDAVIT

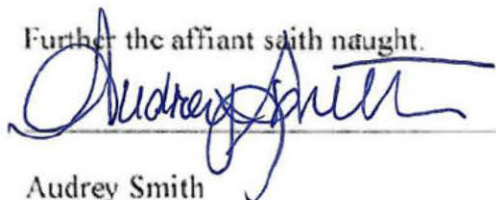
I, Audrey Smith, a resident of Tallahassee, County of Leon, State of Florida, do hereby certify, swear, or affirm under the penalty of perjury that I am competent to give the following declaration based on my personal knowledge, and that the following statement is true and correct to the best of my knowledge:

1. I have served as legal counsel to Mr. Gilbert Armenta since December 2020. I spent one week per month consulting with Mr. Armenta during his home confinement.
2. From December 2020 through May 31, 2023, it was my opinion that Mr. Armenta was physically fit, healthy, and maintained a muscular frame through physical therapy and workouts, including running on a weekly basis.
3. [REDACTED]
4. On the day of his surrender to BOP FCI Miami, FL, I spent the morning with Mr. Armenta and observed him to be extremely physically fit. [REDACTED]
5. I visited Mr. Armenta each month in 2023, with the exception of November and December, since his surrender to BOP, FCI Miami, Florida.
6. During June 2023, I observed [REDACTED]
7. During July and August 2023, [REDACTED]
8. During September 2023, I observed [REDACTED]
9. During October 2023, I was completely caught off guard [REDACTED] visiting room to meet me. I observed [REDACTED]
[REDACTED] and needs medical attention that BOP FCI Miami hasn't provided in even the most basic manner.

10. During November 2023, I sent a request for Compassionate Release to the warden, outlining Mr. Armenta's health issues. To date, there has not been any response from the warden and Mr. Armenta has not received the treatment that is required for [REDACTED]

11. During each visit, I had the opportunity to observe the physical appearance of Mr. Armenta and unequivocally state that his appearance and health have significantly deteriorated. I fear that his health is in rapid decline

Further the affiant saith naught.

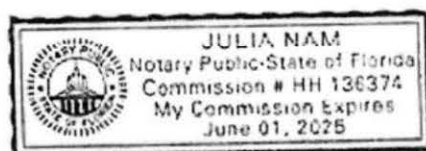


Audrey Smith
March 06, 2024

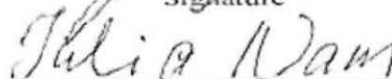
STATE OF FLORIDA)
) SS.
COUNTY OF BROWARD)

Before me, a Notary Public in and for said County and State, hereby certify that Audrey Smith, personally known to me to be the affiant in the foregoing affidavit, personally appeared before me this day and having been by me duly sworn deposes and says that the facts set forth in the above affidavit are true and correct.

Witness my hand and official seal this the 6 day of March 2024.



Signature



Printed Name

Broward

County of Residence

June 01, 2025

Commission Expiration Date